

Michigan

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1. MANAGED CARE OPPORTUNITY ASSESSMENT (UPDATED 4-23-24)

The Michigan Department of Health and Human Services (MDHHS) released a request for proposals (RFP) in October 2023 for the state's Medicaid Managed Care Comprehensive Health Care, which is divided into 10 regions, each consisting of multiple counties. The state awarded nine health plans: incumbents CVS/Aetna, Blue Cross Blue Shield of Michigan, Centene, HAP CareSource, McLaren Health Plan, Molina, Priority Health Choice, UnitedHealthcare, and Upper Peninsula Health Plan. The Medicaid managed care organizations (MCOs) will serve approximately 2.2 million members. MDHHS developed new health plan contracts that are designed to address social determinants of health through investment in and engagement with community-based organizations. A key change in the new contracts is the addition of "in lieu of services" (ILOS) which will allow plans to pay for evidence-based nutrition services. Implementation is expected on October 1, 2024, and will run for five years with three, one-year renewal options.

Michigan's Medicaid expansion program, Healthy Michigan Plan, covers several categories of non-mandatory services, including prescription drugs, dental services, and vision benefits, in addition to mandatory services. In 2024, the state implemented several changes to Healthy Michigan, including discontinuing its "Healthy Behaviors" policy and reducing cost sharing.

MDHHS carves out specialty behavioral health services from its Medicaid managed care program in the 10 regions. Locally run Prepaid Inpatient Health Plans (PIHPs) manage specialty mental health and substance use disorder treatment benefits and intellectual/developmental disabilities services for Medicaid and Healthy Michigan enrollees. Improved behavioral health access and increased coordination between physical and behavioral health were both prominent in the re-procurement for integrated specialty plans.

Additionally, in 2021, Michigan received federal approval to extend its Section 1115 demonstration program titled, "Flint Michigan Section 1115 Demonstration," for another five years. The Flint demonstration includes the authority to expand Medicaid eligibility up to 400 percent of the federal poverty level for pregnant women and children suffering from the long-term health effects of lead exposure in Flint.

Healthy Kids Dental is a managed dental program for Medicaid and CHIP children under age 21. Blue Cross Blue Shield of MI and Delta Dental administer the program under statewide contracts. In 2023, the state invested in increasing dental reimbursement and expanding dental services for all populations.

Michigan Medicaid Managed Care Programs

-----Carved In (Y/N)-----

Program	Population	Behavioral	LTSS	Pharmacy
Comprehensive Health Care Program	Traditional Medicaid; TANF, CHIP, ABD	N: (Behavioral Health and I/DD carved out to PIHPs)	N	Y
Healthy Michigan Plan	Medicaid Expansion	N: (Behavioral Health and I/DD carved out to PIHPs)	Mostly FFS	Y
MI Health Link (The Financial Alignment Initiative (FAI)/duals demonstration)	Adults dually eligible for Medicare and Medicaid (duals)	N	Y	Y: Medicare would cover most but Medicaid probably covers anything Medicare doesn't.

Hot Topics:

Michigan’s Section 1115 Behavioral Health Demonstration program is scheduled to expire September 30, 2024. The state has undertaken a public input process to support a request to extend the program. Also in 2024, state officials are considering increasing funding to strengthen Michigan’s Certified Community Behavioral Health Clinics (CCBHC) demonstration program, including expanding the number of CCBHC sites. In addition, state officials continue to discuss whether and how to advance a state-wide strategy to integrate behavioral and physical health care services.

The state’s Medicare-Medicaid Program (MMP) duals demonstration, Michigan Health Link, has six participating plans, with over 37,000 dual members at year-end 2023. The state is in the process of implementing its transition plan to move its Medicare-Medicaid Plans into a Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP) model by January 1, 2026. An RFP is expected in 2024.

HMA Managed Medicaid Opportunity Assessment for Michigan

Positive Metrics	Strong Indicators
<ul style="list-style-type: none"> As of 2023, there were nearly 2.1 million Medicaid managed care members. In March 2024, the number of mandatory but not yet enrolled beneficiaries was 61,448– down from 64,226 in February 2024. 	<ul style="list-style-type: none"> The state is transitioning its Medicare-Medicaid Plans for dually eligible individuals to a HIDE SNP model. The state is investing in behavioral health services and providers and maternity care to strengthen Medicaid access to services. The state will extend Children’s Special Health Care Services (CSHCS) coverage to medically eligible individuals up to age 26. Every county in the state is served by at least one Medicaid HMO.
Negative Metrics	Weak Indicators
<ul style="list-style-type: none"> Medicaid MCO enrollment is down 10.1% in 2023. The total count of HMP enrollees in the Medicaid HMOs declined in March 2024 for the eighth consecutive month, 	<ul style="list-style-type: none"> Michigan canceled the implementation of three Medicaid pilots designed to improve the integration of physical and specialty behavioral health.
<p><i>Source: HMA</i></p>	

2. MANAGED MEDICAID PLAN FINANCIALS

Average medical loss ratio among nine Michigan Medicaid managed care plans was 83.4% in 2022. Per member per month premiums averaged \$323.47 in 2022.

(Note: Financial metrics and comparisons presented in this overview are based on health plan NAIC filings in the state. Measures like per member per month premiums and medical loss ratios may vary greatly by plan and by state depending on the mix of business (e.g., TANF, ABD, etc.), scope of the state's Medicaid benefit package, geographic variations in the cost of care, and other factors.)

Michigan Health Plan Financials, 2022							
Plan	Publicly Traded	Enrollment	Member Months	PMPM	Premiums Earned (000)	Medical Costs (000)	MLR ⁽¹⁾
BCBS-MI/Blue Cross Complete	N	349,588	4,057,544	\$340.26	\$1,380,609	\$1,151,775	83.4%
Centene/Meridian Health Plan	N	559,440	6,688,984	\$301.91	\$2,019,493	\$1,985,656	87.2%
CVS Health/Aetna Better Health	Y	53,377	642,260	\$341.91	\$219,592	\$167,106	75.7%
HAP Empowered Health Plan ²	N	37,559	398,535	\$315.53	\$125,751	\$111,584	80.7%
McLaren Health Plan Inc.	N	268,865	3,146,648	\$357.63	\$1,125,343	\$948,166	84.5%
Molina Healthcare Inc.	Y	400,378	4,731,087	\$317.64	\$1,502,768	\$1,259,654	83.9%
Priority Health Choice ³	N	249,900	2,881,496	\$311.02	\$896,199	\$785,365	79.1%
UnitedHealth Group Inc.	Y	305,302	3,627,598	\$324.55	\$1,177,326	\$967,370	82.2%
Upper Peninsula Health Plan	N	53,824	637,079	\$353.82	\$225,413	\$181,840	74.9%
Total, MI plans		2,278,233	26,811,231	\$323.47	\$8,672,496	\$7,558,516	83.4%

1. After reinsurance recoveries

Source: S&P Global Market Intelligence, NAIC, HMA

2. CareSource joint venture with Empowered Health Plan in August 2023

3. Priority Health Choice acquired Total Health Care

Michigan Health Plan Financials, 2021							
Plan	Publicly Traded	Enrollment	Member Months	PMPM	Premiums Earned (000)	Medical Costs (000)	MLR ⁽¹⁾
Centene/Meridian Health Plan	N	563,248	6,759,130	\$289.50	\$1,956,792	\$1,726,135	85.1%
Molina Healthcare Inc.	Y	387,416	4,538,238	\$308.27	\$1,398,998	\$1,186,811	84.9%
UnitedHealth Group Inc.	Y	297,086	3,501,154	\$303.77	\$1,063,548	\$835,866	78.9%
BCBS-MI/Blue Cross Complete	N	324,160	3,755,550	\$327.98	\$1,231,753	\$1,030,081	83.6%
McLaren Health Plan Inc.	N	255,085	2,999,654	\$350.07	\$1,050,076	\$865,663	82.9%
Priority Health Choice/	N	228,162	2,689,301	\$352.72	\$948,571	\$704,782	74.3%
Upper Peninsula Health Plan	N	51,735	609,359	\$329.79	\$200,962	\$172,709	75.4%
CVS Health/Aetna Better Health	Y	54,184	618,577	\$342.66	\$211,962	\$157,364	74.0%
CareSource/HAP Empowered Health Plan	N	28,605	307,398	\$287.24	\$88,297	\$80,951	82.2%
Total, MI plans		2,189,681	25,778,361	\$316.19	\$8,150,959	\$6,760,361	81.8%

(1) After reinsurance recoveries

Source: S&P Global Market Intelligence, NAIC, HMA

3. RFP DEVELOPMENTS AND ANALYSIS

Michigan Medicaid RFP Calendar		
Contract	Key Dates	# of Beneficiaries
Managed Medicaid	RFP Released: October 30, 2023 Proposals Due: January 26, 2024 Implementation: October 1, 2024	~2,200,000
Healthy Kids Dental	RFP Released: May 2017 Proposals Due: Jun. 30, 2017 Implementation: Jan. 1, 2018	~1,000,000,

Source: MI Dept. of Community Health

Michigan released a request for proposals (RFP) in October 2023 for the state’s Medicaid Managed Care Comprehensive Health Care Program. The state awarded nine health plans: incumbents CVS/Aetna, Blue Cross Blue Shield of Michigan, Centene, HAP CareSource, McLaren Health Plan, Molina, Priority Health Choice, UnitedHealthcare, and Upper Peninsula Health Plan. The Medicaid managed care organizations (MCOs) which serve approximately 2.2 million members, will operate in 10 regions, each consisting of multiple counties. MDHHS developed new health plan contracts that are designed to address social determinants of health through investment in and engagement with community-based organizations. A key change in the new contracts is the addition of “in lieu of services” which will allow plans to pay for evidence-based nutrition services. Implementation is expected on October 1, 2024, and will run for five years with three, one-year renewal options. The re-procurement is a key part of the state’s MIHealthyLife initiative, which was announced in 2022 to strengthen Medicaid services through new Medicaid health plan contracts.

Below is a chart outlining Michigan’s RFP award results and changes to its current footprint. Red font indicates plans that did not win an award and green indicates plans that were newly awarded in the region.

	Current Plans	# of Plans	Awards	# of Plans
Region 1	UP Health Plan	1	UP Health Plan	1
Region 2	McLaren, Meridian, Molina, United	4	Blue Cross Complete, McLaren, Molina, Priority	4
Region 3	McLaren, Meridian, Molina, United	4	Blue Cross Complete, McLaren, Molina, Priority	4
Region 4	Blue Cross Complete, McLaren, Meridian, Molina, Priority, United	6	Blue Cross Complete, McLaren, Meridian, Molina, Priority, United	6
Region 5	McLaren, Meridian, Molina, United	4	Blue Cross Complete, McLaren, Meridian, Molina	4
Region 6	Blue Cross Complete, HAP, McLaren, Meridian, Molina, United	6	Blue Cross Complete, HAP CareSource, McLaren, Meridian, Molina, United	6

Region 7	Blue Cross Complete, McLaren, Meridian, Molina	4	Aetna Better Health of Michigan, HAP CareSource, McLaren, United	4
Region 8	Aetna, McLaren, Meridian, Molina, Priority, United	6	Aetna Better Health of Michigan, McLaren, Meridian, United	4
Region 9	Aetna, Blue Cross Complete, McLaren, Meridian, Molina, United	6	Aetna Better Health of Michigan, Blue Cross Complete, HAP CareSource, McLaren, Meridian, United	6
Region 10	Aetna, Blue Cross Complete, HAP, McLaren, Meridian, Molina, Priority, United	8	Aetna Better Health of Michigan, Blue Cross Complete, HAP CareSource, McLaren, Meridian, Molina, Priority, United	8

As part of the MIHealthyLife initiative, the 2023 RFP prioritized concepts that address health equity. Modifications include: requiring Medicaid health plans to achieve National Committee for Quality Assurance (NCQA) Health Equity Accreditation; addressing social determinants of health through investment in and engagement with community-based organizations; increasing childhood immunization rates, including greater provider participation in the Vaccines for Children program; adopting a more person-centered approach to mental health coverage; ensuring access to health care providers by strengthening network adequacy and timely access requirements; and increasing Medicaid Health Plan accountability and clarifying expectations to advance state priorities. Regarding the NCQA Health Equity Accreditation, awarded bidders must be accredited by July 1, 2024, to enroll members in their plan. The state is also encouraging plans to provide in lieu of services to address food insecurity, adding requirements for managing care for children in foster care, and doubling the size of the quality withhold.

In October 2019, Michigan announced that it canceled the implementation of three pilots designed to improve the integration of physical and specialty behavioral health for Medicaid beneficiaries. Pilot participants were unable to reach an agreement on costs and a proposed automatic statewide rollout of the program.

The most recent contract cycle for Michigan’s Healthy Kids Dental (HKD) program began January 1, 2018, and is scheduled for a period of 35 months, with an option for five one-year renewals. If MDHHS exercises its fifth renewal option, the contract will expire on September 30, 2025. The program impacts approximately 1 million children enrolled in Medicaid and the Children’s Health Insurance Program (CHIP).

4. MANAGED CARE ENROLLMENT UPDATE

Medicaid managed care enrollment in Michigan was down 10.1% in 2023, compared to year-end 2022 after a 4.3% increase in 2022, and a 7.0% increase in 2021.

Enrollment in Michigan Medicaid Managed Care, 2012-22, 2023

Program Name	2019	2020	2021	2022	2023
Medicaid Managed Care	1,751,830	2,042,712	2,186,692	2,279,473	2,051,732
MI Health Link (Duals Demonstration)	37,321	39,799	41,250	44,573	37,305
Total Michigan	1,789,151	2,082,511	2,227,942	2,324,046	2,089,037
<i>+/- between reporting periods</i>	<i>3,828</i>	<i>293,360</i>	<i>145,431</i>	<i>96,104</i>	<i>(235,009)</i>
<i>% chg. between reporting periods</i>	<i>0.2%</i>	<i>16.4%</i>	<i>7.0%</i>	<i>4.3%</i>	<i>-10.1%</i>

Source: HMA, MI Dept. of Community Health

Enrollment in Michigan Medicaid Managed Care by Plan, 2016-22, 2023

Plan Name	2019	2020	2021	2022	2023
Aetna/CoventryCares					
Comprehensive Health Care Program	39,790	48,020	54,031	53,239	45,455
Duals Demo	7,384	7,684	7,993	9,458	8,044
Total	47,174	55,704	62,024	62,697	53,499
<i>+/- between reporting periods</i>	<i>3,008</i>	<i>8,530</i>	<i>6,320</i>	<i>673</i>	<i>(9,198)</i>
<i>% chg. Between reporting periods</i>	<i>6.8%</i>	<i>18.1%</i>	<i>11.3%</i>	<i>1.1%</i>	<i>-14.7%</i>
<i>% of total</i>	<i>2.6%</i>	<i>2.7%</i>	<i>2.8%</i>	<i>2.7%</i>	<i>2.6%</i>
AmeriHealth Michigan					
Duals Demo	2,856	2,976	3,057	3,308	2,762
<i>+/- between reporting periods</i>	<i>188</i>	<i>120</i>	<i>81</i>	<i>251</i>	<i>(546)</i>
<i>% chg. Between reporting periods</i>	<i>7.0%</i>	<i>4.2%</i>	<i>2.7%</i>	<i>8.2%</i>	<i>-16.5%</i>
<i>% of total</i>	<i>0.2%</i>	<i>0.1%</i>	<i>0.1%</i>	<i>0.1%</i>	<i>0.1%</i>
Blue Cross Complete of MI/BCBS-MI					
Comprehensive Health Care Program	208,104	288,720	323,164	348,707	326,188
<i>+/- between reporting periods</i>	<i>1,961</i>	<i>80,616</i>	<i>34,444</i>	<i>25,543</i>	<i>(22,519)</i>
<i>% chg. Between reporting periods</i>	<i>1.0%</i>	<i>38.7%</i>	<i>11.9%</i>	<i>7.9%</i>	<i>-6.5%</i>
<i>% of total</i>	<i>11.6%</i>	<i>13.9%</i>	<i>14.5%</i>	<i>15.0%</i>	<i>15.6%</i>
Centene/Michigan Complete Health (formerly Fidelis SecureCare)/ Meridian⁽²⁾					
Duals Demo	2,528	2,927	3,546	0	0
<i>+/- between reporting periods</i>	<i>336</i>	<i>399</i>	<i>619</i>	<i>NM</i>	<i>NM</i>
<i>% chg. Between reporting periods</i>	<i>15.3%</i>	<i>15.8%</i>	<i>21.1%</i>	<i>NM</i>	<i>NM</i>
<i>% of total</i>	<i>0.1%</i>	<i>0.1%</i>	<i>0.2%</i>	<i>NM</i>	<i>NM</i>
Meridian Health Plan					
Comprehensive Health Care Program		547,996	562,073	566,091	476,401
Duals Demo		542,869	556,971	556,841	469,266
		5,127	5,102	9,250	7,135

Centene Total		550,923	565,619	566,091	476,401
+/- between reporting periods		550,923	14,696	472	(89,690)
% chg. Between reporting periods		NM	2.7%	0.1%	-15.8%
% of total		26.5%	25.4%	24.4%	22.8%
CareSource/HAP Midwest Health Plan¹					
Comprehensive Health Care Program	4,124	20,266	28,543	37,469	33,905
Trusted Health Plan Comprehensive	8,682	0	0	0	0
Duals Demo	4,457	4,556	4,424	4,781	4,132
Total	17,263	24,822	32,967	42,250	38,037
+/- between reporting periods	9,625	7,559	8,145	9,283	(4,213)
% chg. Between reporting periods	126.0%	43.8%	32.8%	28.2%	-10.0%
% of total	1.0%	1.2%	1.5%	1.8%	1.8%
McLaren Health Plan					
Comprehensive Health Care Program	201,994	235,810	254,853	268,602	244,781
+/- between reporting periods	2,549	33,816	19,043	13,749	(23,821)
% chg. Between reporting periods	1.3%	16.7%	8.1%	5.4%	-8.9%
% of total	11.3%	11.3%	11.4%	11.6%	11.7%
Molina Healthcare of Michigan					
Comprehensive Health Care Program	332,944	362,223	386,260	399,816	359,535
Duals Demo	11,138	12,350	12,698	13,039	10,836
Total	344,082	374,573	398,958	412,855	370,371
+/- between reporting periods	(6,528)	30,491	24,385	13,897	(42,484)
% chg. Between reporting periods	-1.9%	8.9%	6.5%	3.5%	-10.3%
% of total	19.2%	18.0%	17.9%	17.8%	17.7%
Priority Health Choice					
Comprehensive Health Care Program	125,262	153,859	234,189	256,010	240,967
+/- between reporting periods	1,482	28,597	80,330	21,821	(15,043)
% chg. Between reporting periods	1.2%	22.8%	52.2%	9.3%	-5.9%
% of total	7.0%	7.4%	10.5%	11.0%	11.5%
Total Health Care					
Comprehensive Health Care Program	48,364	60,829	0	0	0
+/- between reporting periods	(2,268)	12,465	(60,829)	NM	NM
% chg. Between reporting periods	-4.5%	25.8%	-100.0%	NM	NM
% of total	2.7%	2.9%	0.0%	NM	NM
UnitedHealthcare					
Comprehensive Health Care Program	249,294	281,391	297,013	305,049	283,059
+/- between reporting periods	3,504	32,097	15,622	8,036	(21,990)
% chg. Between reporting periods	1.4%	12.9%	5.6%	2.7%	-7.2%
% of total	13.9%	13.5%	13.3%	13.1%	13.5%
Upper Peninsula Health Plan					
Comprehensive Health Care Program	43,756	48,725	51,668	53,740	48,576
Duals Demo	3,975	4,179	4,430	4,737	4,396
Total	47,731	52,904	56,098	58,477	52,972
+/- between reporting periods	35	4,969	2,943	2,072	(5,164)
% chg. Between reporting periods	0.1%	10.8%	6.0%	4.2%	-9.4%
% of total	2.7%	2.5%	2.5%	2.5%	2.5%

Meridian Health Plan/WellCare ⁽²⁾

Comprehensive Health Care Program	489,516	0	0	0	0
Duals Demo	4,983	0	0	0	0
Total	494,499	0	0	0	0
+/- between reporting periods	(1,774)	(494,499)	0	0	0
% chg. Between reporting periods	-0.4%	-100.0%	NM	NM	NM
% of total	27.6%	0.0%	0.0%	0.0%	0.0%

Total Michigan

Comprehensive Health Care Program	1,751,830	2,042,712	2,186,692	2,279,473	2,051,732
Duals Demo	37,321	39,799	41,250	44,573	37,305
Total	1,789,151	2,082,511	2,227,942	2,324,046	2,089,037
+/- between reporting periods	3,828	293,360	145,431	96,104	(235,009)
% chg. Between reporting periods	0.2%	16.4%	7.0%	4.3%	-10.1%

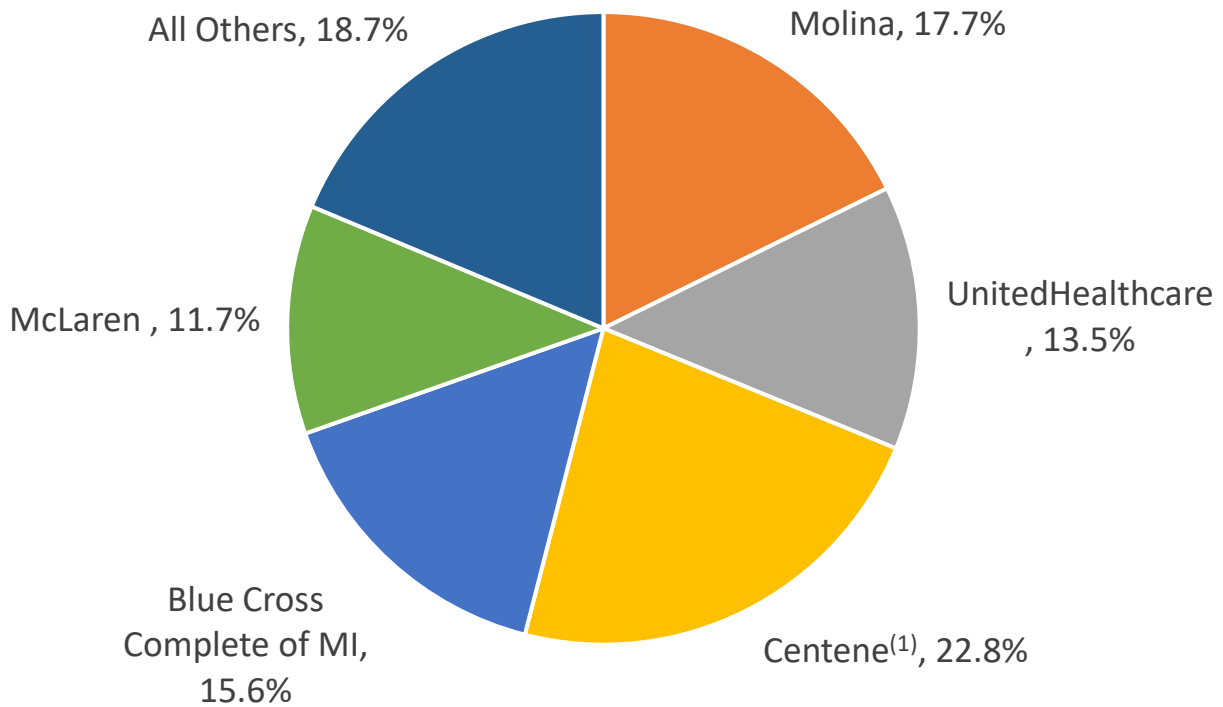
(1) Trusted Health Plan, formally Harbor Health Plan, was acquired by HAP in 2019.

Note: BCBS-MI and AmeriHealth are affiliated.

(2) Centene acquired WellCare in 2020

Source: HMA, MI Dept. of Community Health

Michigan Managed Medicaid Market Share by Total Enrollment, Top 5 Plans, December 2023



Source: HMA, MI Dept. of Community Health

5. FEE FOR SERVICE VS. MANAGED CARE PENETRATION

Total Medicaid enrollment in Michigan was around 3 million in 2022. About 76.2% of Medicaid beneficiaries were enrolled in a managed care plan. The remainder are in fee-for-service Medicaid. Total Medicaid expenditures were \$21 billion in 2022, with about 72.5% through managed care and the rest through fee-for-service.

Michigan Expenditures and Enrollment for Total Medicaid vs. Medicaid Managed Care, 2014-22						
Year	Total Medicaid Expenditures	Medicaid Managed Care Expenditures ⁽¹⁾	Medicaid Managed Care Expenditures as % of Total	Total Medicaid/CHIP Enrollment	Medicaid MCO Enrollment	Medicaid MCO Enrollment as % of Total
2022	\$21,023,267,979	\$15,239,833,648	72.5%	3,048,240	2,324,046	76.2%
2021	\$20,723,983,781	\$14,984,992,247	72.3%	2,868,500	2,227,942	77.7%
2020	\$19,110,820,883	\$12,432,547,138	65.1%	2,650,886	2,042,712	77.1%
2019	\$18,257,869,906	\$11,920,635,820	65.3%	2,291,616	1,751,830	76.4%
2018	\$16,286,594,101	\$10,633,497,246	65.3%	2,313,223	1,750,668	75.7%
2017	\$16,711,203,272	\$10,749,979,381	64.3%	2,338,919	1,778,889	76.1%
2016	\$16,714,754,874	\$10,963,275,584	65.6%	2,305,237	1,727,941	75.0%
2015	\$15,867,358,420	\$9,772,789,104	61.6%	2,289,337	1,661,510	72.6%
2014	\$13,502,617,518	\$7,551,086,159	55.9%	2,233,070	1,495,735	67.0%

(1) Includes evaluation and management, vaccine codes, Community First Choice, and preventive services Grade A or B, ACIP vaccines and their administration, Prepaid Ambulatory Health Plans, and Prepaid Inpatient Health Plans.

Sources: CMS64 for expenditures. CMS for total Medicaid/CHIP enrollment. States, NAIC for Medicaid managed care enrollment.

6. SNPs AND DUAL ELIGIBLES

Michigan currently administers a Medicare-Medicaid Program (MMP) dual demonstration, MI Health Link, which has six participating plans. There were 37,305 individuals enrolled at year end 2023, representing a 16.3% decrease since year-end 2022. Enrollment increased 8.1% in 2022. The state is in the process of implementing its transition plan to move its Medicare-Medicaid Plans into a Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP) model by January 1, 2026. An RFP is expected in 2024.

Michigan Dual Demo Plan Enrollment, 2016-21, 2023					
Health Plan	2019	2020	2021	2022	2023
CVS/Aetna	7,384	7,684	7,993	9,458	8,044
<i>+/- between reporting periods</i>	795	300	309	1,465	(1,414)
<i>% chg. Between reporting periods</i>	12.1%	4.1%	4.0%	18.3%	-15.0%
<i>% of total</i>	19.8%	19.3%	19.4%	21.2%	21.6%
AmeriHealth Caritas Michigan	2,856	2,976	3,057	3,308	2,762
<i>+/- between reporting periods</i>	188	120	81	251	(546)
<i>% chg. Between reporting periods</i>	7.0%	4.2%	2.7%	8.2%	-16.5%
<i>% of total</i>	7.7%	7.5%	7.4%	7.4%	7.4%

Centene(Michigan Complete Health)/Meridian ⁽¹⁾	2,528	8,054	8,648	9,250	7,135
<i>+/- between reporting periods</i>	336	5,526	594	602	(2,115)
<i>% chg. Between reporting periods</i>	15.3%	218.6%	7.4%	7.0%	-22.9%
<i>% of total</i>	6.8%	20.2%	21.0%	20.8%	19.1%
CareSource/HAP Midwest Health Plan	4,457	4,556	4,424	4,781	4,132
<i>+/- between reporting periods</i>	82	99	(132)	357	(649)
<i>% chg. between reporting periods</i>	1.9%	2.2%	-2.9%	8.1%	-13.6%
<i>% of total</i>	11.9%	11.4%	10.7%	10.7%	11.1%
Molina Healthcare	11,138	12,350	12,698	13,039	10,836
<i>+/- between reporting periods</i>	1,159	1,212	348	341	(2,203)
<i>% chg. between reporting periods</i>	11.6%	10.9%	2.8%	2.7%	-16.9%
<i>% of total</i>	29.8%	31.0%	30.8%	29.3%	29.0%
Upper Peninsula Health Plan	3,975	4,179	4,430	4,737	4,396
<i>+/- between reporting periods</i>	20	204	251	307	(341)
<i>% chg. between reporting periods</i>	0.5%	5.1%	6.0%	6.9%	-7.2%
<i>% of total</i>	10.7%	10.5%	10.7%	10.6%	11.8%
Meridian ⁽¹⁾	4,983	0	0	0	0
<i>+/- between reporting periods</i>	86	(4,983)	0	0	0
<i>% chg. between reporting periods</i>	1.8%	-100.0%	NM	NM	NM
<i>% of total</i>	13.4%	0.0%	0	0	0
Total Michigan	37,321	39,799	41,250	44,573	37,305
<i>+/- between reporting periods</i>	2,666	2,478	1,451	3,323	(7,268)
<i>% chg. between reporting periods</i>	7.7%	6.6%	3.6%	8.1%	-16.3%

(1) Centene acquired WellCare in 2020

Source: Michigan Dept. of Health & Human Services,
HMA

Michigan SNPs

Michigan had 141,852 Special Needs Plan members as of November 2023.

Michigan SNP Enrollment by Plan, November 2023						
Plan	Total SNPs	DSNPs	CSNPs	ISNPs	Share	
Humana	48,416	48,416	0	0	34.1%	
UnitedHealthcare	43,828	43,828	0	0	30.9%	
Centene	13,677	13,677	0	0	9.6%	
Molina Healthcare	13,250	13,250	0	0	9.3%	
Priority Health Choice	10,860	10,860	0	0	7.7%	
CVS Health	8,673	8,673	0	0	6.1%	
Health Alliance Plan of MI	656	656	0	0	0.5%	
Longevity Health Plan	753	0	0	753	0.5%	
Align Senior Care	547	0	90	457	0.4%	
McLaren Health Plan	425	425	0	0	0.3%	
Commonwealth Care Alliance	425	425	0	0	0.3%	
Zing Health	342	41	301	0	0.2%	
Total	141,852	140,251	391	1,210	100%	

Source: CMS, HMA